



Yuma County Department of Public Health

Request for Certified Copy of ARIZONA Death Certificate

Revised 01/2020

INFO	For Office Use Only- State File/ Serial Number			Order Number		
Apply in Person: **CASH ONLY** Certificate Fee \$20.00 Lobby Hours: Monday-Friday 8:00am-4:00pm (order only) 4:00pm-5:00pm (info only) Mail Application to: Yuma County Public Health Services District Office of Vital Records 2200 W 28th St Suite # 256 Yuma, AZ 85364 Phone (928) 317-4530 NOTE: *** Vital Records is not responsible for lost or stolen birth certificates requested by mail. *** Unclaimed birth certificates over 90 days will be destroyed, per Vital Records policy.				<u>CUSTOMER MAIL IN CHECKLIST</u> <input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID (or) have your signature notarized. <input type="checkbox"/> Proof of relationship enclosed if required (birth certificates, certified court documents, etc.) <input type="checkbox"/> Sign the application/Original signature required <input type="checkbox"/> Include self-addressed stamped envelope <input type="checkbox"/> Enclose correct fee, Money order ONLY payable to Vital Records, NO Cash, Personal Check or Credit Card <input type="checkbox"/> Please visit www.yumacountyaz.gov to download application, fees, and availability of services.		
***** IN PERSON APPLICANT SIGNING REQUEST MUST CLAIM DEATH CERTIFICATE(S) *****						
OFFICE USE ONLY	Death ____ (\$20) SSA ____ VA ____ Fetal ____ (\$20) Amendment ____ (\$30) Type of ID ____ Notarized ____ Mail ____ Pick up ____ Mail Verified By ____ / ____ Applicant: _____ Initials: _____ Date: _____			Notes: _____ _____ _____ _____ _____		
				Date/Paid Stamp		
FEE	Today's Date	Purpose of Request	# of Copies	Cash/MO	Total Paid	
DEATH CERTIFICATE INFORMATION	Name on Death Certificate First _____ Middle _____ Last _____					
	Date of Death	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Funeral Home Name or Donation Facility			
	Place of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other _____ City _____ County _____ State _____					
	Date of Birth	Social Security Number	Are Copies to be used for Government Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select one: <input type="checkbox"/> SSA <input type="checkbox"/> VA			
PERSON REQUESTING	Applicant's Full Name- Printed (First, Middle, Last)			Applicant's Signature (Required)		
	Street/Mailing (PO Box) Address: _____ City _____ State _____ Zip Code _____					
	Daytime Telephone Number			Email Address		
	Your Relationship to Person on Certificate- Check One. * PROOF of relationship MUST be provided. <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Legal Interest (Beneficiary, Insurance Policy, Will, Personal Rep, Property, etc.) ** Documentation must be provided to support legal interest ** <input type="checkbox"/> Other (specify) _____					
NOTARY AREA	Applicable only if no USA government issued photo ID is available State of _____ County of _____ On this _____ day of _____, 20 ____ before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to the person whose name is subscribed to this document, and who acknowledges that he/she signed the above document. Notary Signature _____ My commission Expires _____			Affix Seal/Stamp Here		